THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

SPRING/SUMMER 2007 VOLUME 16

President's Annual Message:

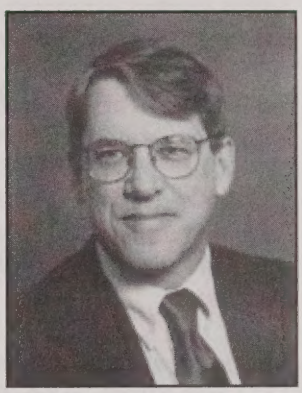
On Financial Pressure

Soon, we will experience one of the worst periods of time for medical practice finance since the late 1970's, when there was the melt down with decreasing Blue Cross reimbursement and increasing overhead. Medicare is scheduled to impose years of reductions in reimbursement, and high-deductible insurance threatens reduced cash flow. Will patients lose access to care, and will doctors go out of business? Probably not, despite years of dire predictions. People still get care, and the local doctor is still available. I discussed these issues once with the staff of Congressman Richard Neal, and I was told that he has taken no action of any substance on these issues because no constituent has directly complained to him that medical care was not available.

Despite a decade or more of Medicare reimbursement that has failed to keep up with the true level of inflation, doctors remain in business. Doctors have had an effective cut in their incomes, but we are still seeing patients. We are still investing in capital equipment and in our office personnel. We are still providing benefit packages to ourselves and our employees, and we are funding our pensions. To do this means we have been working harder than ever, and we have become more efficient, not because we have purchased electronic medical records, but because we have used our time more wisely. Of course, the latter has come at a price: for many of us, there is a reduced interest level in teaching and research (but that is for another missive…).

Efficiency increases are inevitably going to become asymptotic to a limit, after which incomes will fall precipitously. For some of us, that time has occurred. For some, that has forced retirement. For others, that has prompted a move to another state.

We all know that Medicare is so dominant, that its problems affect all other carriers. Many critics have focused on the warped sustainable growth rate system, but just as bad a problem or even worse is the rate of increase in services that far out-strips the growth of the Medicare population. In other words, we are evaluating/treating elderly people at a rate higher than population growth, meaning the fixed budget is being split into smaller and smaller pieces, so we have a negative feedback system on our individual reimbursement. Were we to somehow ration care and massively cut the services we provide, there would be a positive feedback that would result in a paradoxical rise in money per unit of work. However, rationing raises huge ethical issues and is really a political problem, so we are stuck with a system where each individual patient has virtually unlimited access to services, irrespective of the true benefits of all that work. Translating that conundrum to my vascular reality, should I really have performed a carotid endarterectomy for a symptomatic 92 year-old man with a high-grade carotid lesion? Or, should people get earlier amputations of the leg, rather than devote days and weeks of specialized care and equipment (synthetic skin, wound VAC's, and Regranex at $900/tube) for a complex foot wound. For large populations of patients or their doctors, clearly something needs to be done to make medical care more rational, but the care afforded each patient in need must remain individualized. This is a horrid paradox.



Jeffrey L. Kaufman MD, FACS, President 2006-2007

I see issues on the horizon, and they are not pleasant. First is "back door rationing." We are heading for a national doctor shortage, and we have seen the shortage in Western Massachusetts in a variety of specialties. The insurance powers-that-be know that a doctor shortage means longer waits for service, fewer examinations, consultations, and tests, and fewer procedures. Second is an inevitable reduction in meaningful hospital spending for support for ordinary medical care. Hospitals seem happy to spend money on marketing and on marketable services, but one sees many instances where common hospital services are not keeping up with demand. The recent publicity about a local emergency room is a case in point. It is easy to come up with a cushy new clinical program and tout it on a billboard on I-91, but it is harder and not sexy to keep the floors clean and the flaws in the hospital computers fixed. Third is the increasing pressure on physicians to document their "quality markers" as well as the care they provide. Now, the need to report is said to be voluntary, or to add "bonus" payments, but soon reporting will be mandatory, and there will be penalties for omission.

This is a lot of doom and gloom, and I could think of yet other problems. If I had to give advice to my colleagues, in the face of these pressures, it would be to keep a focus on what gives value and satisfaction in your practice, whatever the specialty: To trim unnecessary work to make room for the necessary. To focus on the real challenges in your practice and to appreciate the issues that demand the highest level of cognitive and psychomotor skill. Working on those issues gives the greatest satisfaction, especially if the outcome is good for the patient. I would also consider whether the pressure of work needs to be balanced better with meaningful leisure activity, especially exercise. Remember that your health is important, because if you are not there, no one gets the care.

Sincerely,

Jeffrey L. Kaufman MD, FACS

President 2006-2007

LETTER POLICY

The "Hampden Hippocrat Newsletter" is the news media of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members, for whom it is being created. Any article printed expresses the opinion of the author and should not be construed to imply endorsement by the Society.

Letters to the editor should be approximately 250 words or less, preferably typed in Word and sent to hdms@massmed.org or, fax to (413) 731-8990. Please provide the full name and address of the writer. All letters are subject to editing. Please note, the Editor is not responsible for typos and if any corrections are needed, they will appear in the following Newsletter.

Mail your article to: The Hampden Hippocrat
1111 Elm Street, Suite 22 West Springfield, MA 01089-1540

MANAGING EDITOR
Suzanne Skibinski, Executive Director

GUEST EDITOR
Jeffrey L. Kaufman, M.D.

LETTERS TO THE EDITOR

Dear Hampden District Medical Society Scholarship and Loan Committee:

I would like to thank you for honoring me the 2006 -2007 recipient of both the $1000 HDMS Student Scholarship and the $2000 Dr. Max and Ida L. Millman Foundation Scholarship Loan.

The Hampden District Medical Society and its members have been gracious to me throughout my pursuit of medical education. I am very grateful for your financial support and for your Hampden District Medical Society Doctor for a Day Program. I was a participant in 2002 and was able to shadow Dr. Alicia Ross at Holyoke Medical Center. My relationship with her and with the medical society has been supportive and encouraging.

I hope to continue working with the Hampden District Medical Medical Society in the future as I plan to be returning for my third-year clerkships at the Western Campus of Tufts Medical School, Baystate Medical Center to receive the best possible medical education. I would also like to receive more information on the role that a medical student can have within the organization as I hope to be an active member of the society as soon as possible.

Thank you very much for your support in the past and in the present as I hope to become a physician who works within Hampden County to give back to my community and to the Hampden District Medical Society.

Sincerely,
Gregory R. Waryasz, CSCS
Tufts medical 2010

BOARD OF REGISTRATION IN MEDICINE INFORMATION

Physicians interested in the inner workings of the Board of Registration in Medicine can get a detailed look at one part of the disciplinary process by reviewing decisions of the Division of Administrative Law Appeals (DALA) on appeals of Board disciplinary cases. The decisions may be found at hhtp://www.mass.gov/dala/decisions.htm. Only a small percentage of cases actually reach DALA. Most cases are settled without going through the formal hearing process. The Board posts brief descriptions of the results of cases that lead to discipline bud do not have the full DALA process on its website at hhp://www.massmedboard.org/public/press_releases.shtm.

ATTENTION!!! DOCTORS!!! ATTENTION!!!

Don't forget to contact the HDMS office if you change your medical office/practice or home address to be sure your file is updated.

ATTENTION!!! DOCTORS!!! ATTENTION!!!

GENTLE REMINDER

Please remove the block on your email so that you may continue to receive important information from Hampden District Medical Society.

Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome…Through your generosity HDMS will be able to continue helping medical students. Any amount you give will be greatly appreciated. Please make donations to: ***HDMS Scholarship Fund***

Mail to:
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

The Society wishes to acknowledge the generous donation to the HDMS Student Scholarship Fund from Dr. Benjamin Liptzin and, the donation received in memory of Dr.Edmond Walence.

Also a thank you to Mrs. Geraldine Freeman, Dr. Max Millman's sister-in-law for her generous donation to the Dr. Max & Ida Millman Foundation Fund.

A PRESCRIPTION FOR SAVINGS

Before your patients book a trip to Canada in search of affordable drugs, give them Express Scripts' new website. Drugdigest.org/DD/CheckForSavings.

Check the Website to find out if a generic option is available. The site is updated every time a new generic becomes available.

Graduates, Suzanne Skibinski, Executive Director, and Candy Glazer along with Dr. Stanley Glazer who attended the graduation ceremony.

Editor's Column

By: Suzanne Skibinski, Executive Director

BAYSTATE MEDICAL CENTER'S MINI MEDICAL SCHOOL

After attending Baystate Medical Center's Mini Medical School I've gained a wealth of knowledge on current medical issues and will be able to make more informed decisions about my own health care.

Baystate Medical Center is the Western Campus of Tufts University School of Medicine and as the regions only teaching hospital welcomes over 150 medical students each year and some 600 students from 49 affiliating academic institutions who receive their training at BMC in a variety of healthcare professions. There are 250 post training graduates and 9 residency programs. Hampden District Medical Society has a total of 108 Baystate Medical Center resident memberships.

I want to thank the following doctors who took time out of their busy schedules to teach the eight-week Mini Medical School.

- Dr. David Ross
- Dr. Wilson Mertens
- Dr. Richard Brown
- Dr. Benjamin Liptzin
- Dr. Anthony Jackson
- Dr. Sandra Bellantonio
- Dr. Richard Wait
- Dr. Richard Fingeroth

"FIGHTING BACK TIERS"

In the March 2007 issue of the AMA Voice, the feature story is "Fighting Back Tiers". It's about doctors taking a stand against insurers flawed rating systems.

Tiered co-payment medical insurance policies are becoming increasingly prominent in Massachusetts, largely through the efforts of the GIC to reduce the costs of health care to the State.

After receiving several calls and emails from members saying that they are shocked when receiving notices that due to "poor quality rating" their ratings have changed and asked whether the Societies are addressing the issue? Should the media be notified?

Hampden District Medical Society welcomes all comments which will be included in the next Hippocat issue.

Dr. Kenneth Peelle, past president of the Massachusetts Medical Society suggests placing a copy of the following in your office:

TO OUR PATIENTS

It is our privilege to provide medical care to you and your family. Providing quality care to each of you based on your individual needs and desires is a responsibility we take very seriously.

You may have heard about recent efforts by insurance companies to "rate" physicians, using a variety of cost and quality measures.

You should know that the art of measuring cost and quality in medicine is still young. It may improve in the future, but at this time these ratings do not always provide an accurate picture of either the cost or quality of a physician's care.

The Massachusetts Medical Society and the American Medical Association have established appropriate principles for use when measuring physician performance. Unfortunately, some current insurance company rating systems do not meet all of these principles.

These rating systems should be only one of several tools you use to select your doctor including your level of comfort with a particular physician.

Please let us know if you have any questions about the medical care you receive in our office.

Our No. 1 goal is to provide you with quality medical care.

PHYSICIAN PRACTICE ENVIRONMENT INDEX REPORT

If you want to receive a hard copy of the 13th Consecutive Massachusetts Medical Society Physician Practice Environment Index please contact the Society at (413) 736-0661.

WELCOME NEW MEMBERS

NEW STUDENT

Jennifer Rodriguez, Cornell University, New York

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ANESTHESIOLOGY

Abhijit Desai, Anesthesia Associate of Springfield,
2141 Boston Road, Wilbraham

Christian Munk, Springfield Anesthesia Service
908 Allen Street, Springfield

◆

CARDIOLOGY

Peter Robinson, Interventional Cardiology
2 Medical Center Dr., Ste. 410, Springfield

◆

DERMATOLOGY

Aimee Leonard, Dermatology/Moh Surgeon New England Dermatology,
3455 Main St, Ste 5, Springfield

◆

HOSPITALIST/ INTERNAL MEDICINE

Sudeep Aulakh, Baystate Medical Center, High Street Health Center,
140 High Street, Springfield

David Popkin,
46 Daggett Drive, West Springfield

James Rougemont, Baystate Medical Center,
759 Chestnut St., Springfield

◆

HAND & PLASTIC SURGERY

Richard Martin, The Hand Center of Western Mass,
3550 Main Street, Ste, 204, Springfield

◆

NEPHROLOGY

Anthony Piondexter, Western New England Transplant Associates,
300 Birnie Ave., Springfield

◆

NERUOSURGERY

Lauren Schwartz,
2 Medical Center Drive. Ste., 503, Springfield

◆

ORTHOPEDIC SURGERY

Lois Nichols, New England Orthopedic Surgeons,
300 Birnie Ave. Springfield

OTORHINOLARYNGOLOGY

Grant Moore, Ear, Nose & Throat Associates,
2 Medical Center Dr. & 299 Carew Street, Springfield

Jacquelyn Reilly, Ear, Nose & Throat Associates,
2 Medical Center Drive & 299 Carew Street, Springfield

◆

PATHOLOGY

Martin Bur, Mercy Medical Center,
271 Carew Street, Springfield

Roxanne Florence, Baystate Medical Center,
759 Chestnut St., Springfield

Vandita Johari, Anatomic & Clinical Pathology, Baystate Medical Center,

759 Chestnut Street, Springfield

◆

PEDIATRICS

Syeda Awais,
299 Carew St., Ste. 230, Springfield

Beth Brown, Pediatric & Adolescent Medicine,
2207 Boston Road, Wilbraham

Karen Conway, RiverBend Medical Group,
444 Montgomery Street, Chicopee

John Sheehan, Pediatric Hospitalist, Cooley Dickenson Hospital,
30 Locust Street, Northampton

Joan Fine, Pioneer Valley Pediatrics,
123 Dwight Road, Longmeadow

Dina Hoberman, Pioneer Valley Pediatrics,
123 Dwight Road, Longmeadow

Erica Kates, Ludlow Pediatrics,
77 Winsor Street, Ludlow

Richard Segool, Pioneer Valley Pediatrics,
123 Dwight Road, Longmeadow

Robert Willis, Ludlow Pediatrics,
77 Winsor St., Ludlow

Joseph Yunis, Pioneer Valley Pediatrics,
23 Dwight Road, Longmeadow

◆

RESIDENTS BAYSTATE MEDICAL CENTER

Devang Doshi, Radiology
Sean Hagenbuch, Pediatrics
Margaret Rieley, Pediatrics

HAMPDEN DELEGATES CAUCUSING *at the* MMS HOUSE OF DELEGATES ANNUAL MEETING May 17-20, 2007 SEAPORT HOTEL-BOSTON, MA

Patient-Centered Medicine *Bringing Health Care Home*

Thank you to 29 Hampden Delegates who took time out of their busy schedule to attend the House of Delegates Annual Meeting of the Massachusetts Medical Society held on May 16 & 17th at the Seaport Hotel in Boston.

The HOD is the policy-making body of the MMS and has the authority to establish two general types of policy: health policies and directives. Health policies are statements of philosophy based on professional principles and scientific standards. These policies define what the Society stands for as an organization. Directives are action items that articulate a strategy for accomplishing an objective and/or activate the Society's health policies. The HOD also sets the long-range goals of the Society.

The speaker presides over meetings of the HOD and, along with the vice speaker, is responsible for appointing reference committees and assigning resolutions.

4 Hampden Delegates sat on a reference committee, 3 resolutions were submitted by members, 4 resolutions were submitted by the district and the district submitted 1 Memorial Resolution in memory of Dr. Martin Murray.

If you want to serve as a Hampden Delegate and represent your district at the House of Delegates or, want to submit a resolution for the Interim Meeting being held in November please contact Suzanne Skibinski at (413) 736-0661.

MMS COMMITTEE SERVICE AWARDS

Drs. Glenn Markenson and Stuart Chipkin were honored recently at the MMS House of Delegates Annual Meeting held at the Seaport Hotel in Boston.

Dr. Markenson received the Award as Chair of the Committee on Maternal and Perinatal Medicine. Dr. Markenson has been Committee Chair since 2005 and active within the Committee since 1998.

The Committee oversees the annual Jewett Lectureship, named in memory of Dr. John F. Jewett, a Boston obstetrician-gynecologist who was a pioneer in maternal and infant welfare in Massachusetts The Committee is working to connect the impact of obesity with maternal and perinatal health.

Dr. Stuart Chipkin, Chair of the Committee on Nutrition has led the Committee in exploring ways to improve obesity prevention and treatment and promote physical activity.

He has overseen the Committee's involvement in policy development and advocacy to promote healthy food and physical activity for children and adults, and has reached out to health plans to offer the Committee's expertise and collaboration to promote obesity prevention and treatment through improved reimbursement for medication, counseling, and referral.

Dr. Chipkin guided the message development for the MMS ad campaign promoting healthy weight, which began airing on TV, radio and buses across the state in April of this year.

The Hampden District Medical Society congratulates both Drs. Markenson and Chipkin for their valuable contributions for the health and welfare of all patients.

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RESIDENT SECTION

UNIVERSAL HEALTH CARE ACCESS?

Chelsea Jerry, D.O., M.P.H.
PGY-2, Internal Medicine/Pediatrics
Baystate Health Systems

The Massachusetts legislature passed a laudable health reform bill known as "Chapter 58" which aims to ensure health care access for all Massachusetts residents. This will be achieved through an "individual mandate" whereby residents are required to purchase health insurance by July 1, 2007 or face significant financial penalties through taxation penalties in the following year. Given that Massachusetts has the costliest health care in the country; many concerns have arisen regarding the practicality of such an extraordinary task.

The agency created to implement this landmark legislation, the Commonwealth Health Insurance Connector Authority, has recently approved several insurance plans which vary in monthly premium, deductible, co-pay, prescription coverage and amount of cost-sharing. "Commonwealth Care" is the insurance program which coordinates health insurance for those making less than 300% of the federal income poverty level (approximately $29,000 annually for a single person). Monthly premiums range form $18 to $106 on a sliding scale with co-pays of $0 to $30 depending on plan. "Commonwealth Choice" is the insurance program responsible for those Massachusetts residents making more than 300% FPL level. Lowest cost plans cost from $156-175 monthly, the difference being geographical, with co-pays ranging from $25-50.

For the average person earning 100-300% of the federal income poverty, there simply is no discretionary income to use for health insurance and many are forced to rely on credit cards. A recent Greater Boston Interfaith Organization (GBIO) study confirmed that 38% of people between 100-300% FPL have negative monthly cash balances. The unfortunate reality is that these people will be even further taxed if they do not comply with the insurance mandate.

These rates are significantly cheaper than market rates; however they are still financially prohibitive for many low and middle-income residents. GBIO completed an extensive study involving 630 participants in several Eastern Massachusetts congregations and discovered that 46% of families between 100-300% FPL cannot afford the monthly premiums for Commonwealth Care and 52% of families cannot afford the average total out of pocket costs.

Massachusetts' goal of insuring all of its roughly 500,000 uninsured residents through an individual mandate is ambitious. It forces uninsured residents to purchase insurance without state subsidization and furthermore has additional economic implications for non-compliance with the mandate. Success of the legislation lies in affordability and as it currently stands, it appears that a large percentage of Massachusetts residents will not be able to afford the insurance plans. In addition, high premiums, deductibles and co-pays have the unintended consequence of impeding access to care and likely will deter participants from partaking in much needed medical care. And so I ask, have we truly achieved universal access to health care in Massachusetts?

50-YEAR MEMBER RECOGNIZED

Only one 50-Year Member award was given this year recognizing achievement and longevity. Dr. John F. Griffin a retired Springfield Cardiologist was unable to attend the Annual Meeting but sent the following letter.

Dear Dr. Kaufman:

Thank you very much for your kind invitation to the Annual Meeting to celebrate my fifty years of membership. Due to travel distances involved, I regret that I will be unable to attend.

However, I do appreciate all the fine work you and your active members perform in keeping the society running smoothly. I congratulate you for your efforts.

My fifty years in medical practice (1956-2006) in the Springfield area was a great satisfaction to me, having worked with so many dedicated physicians of high caliber, especially in my chosen field of cardiology.

As a small group of solo practitioners, we carried out the first western Massachusetts cardiac catheterization in a single room in the basement of Springfield Hospital (now Baystate Medical Center) in 1960. The patient had mitral stenosis and was subsequently successfully operated on at a Boston hospital.

Within a few short years, permanent pacemakers were introduced and from then on progress was rapid and continuous. I grew up a short 3 minute trolley car ride from both Mercy and Springfield Hospitals and passed them frequently as a youngster. I never imagined then that I would have the privilege of working in these same hospitals for so many years.

Best wishes to all the Hampden District Medical Society members as they continue to give the society their much needed support.

Cordially,
John F. Griffin, M.D., FACP, FAHA

Congratulations to Dr. Griffin on this milestone.

Dr. Griffin was also recognized at the MMS Annual Meeting held in Boston on May 17, 2007.

Dr. Griffin also received State recognition from Senator Gale Candaras.

Dr. Brian Acker, Baystate Radiology/Oncology

Dr. Brian Acker has been elected to the position of President of the Massachusetts Radiological Society with his term to run from June 1, 2007 to May 31, 2008. He has served as an American College of Radiology Councilor since 2001 and was Treasurer of the MRS from 2003 to 2005. He is currently Chief of the Division of Radiation Oncology for the Baystate Regional Cancer Program.

The Massachusetts Radiological Society represents the diagnostic radiologists and radiation oncologists of Massachusetts with regard to socioeconomic and legislative issues. It serves as an advocate for the entire scope of its members' practices vis-à-vis insurers, legislators, regulating bodies and other medical specialties. In addition, it serves as the representative voice of the imaging community and, in partnership with the American Society of Therapeutic Radiology and Oncology, represents the radiation oncology community at the state and national level.

The President of the Society acts as the chair of the Executive Committee which is the governing body for the Society which meets monthly to discuss current issues and determine the appropriate courses of action for the Society.

OBITUARIES

Martin B. Murray, M.D.
1911-2007
Past-President 1963-1964

Dr. Martin B. "Tim" Murray died on his 96th birthday, February 13, 2007. Dr. Murray was a graduate of The New York University Medical School and was in private practice for 47 years until his retirement. During his medical career Dr. Murray served as Chief of Staff and as Chief of Surgery at Mercy Hospital.

He was a member of the Holy Cross College Athletic Hall of Fame as well as the Cathedral High School Hall of Fame.

Dr. Murray, a past president and honored member of the Society was the City of Springfield Physician and proud to be the Cathedral Panthers team doctor for over 20 years. Dr. Murray leaves 5 children, including Dr. Francis Murray and 9 grand children.

The family asks that memorial donations be made in his memory to the Dr. Martin and Ruth Murray Scholarship Fund, Cathedral High School, 260 Surrey Road, Springfield, MA 01118.

John A. Prybylo, M.D.
1917-2007

Dr. John Anthony Prybylo, age 90, died on March 29, 2007. Dr. Prybylo an honored member of the Society received his medical degree from McGill University in Montreal, PQ, Canada. After a tour in the US Navy during the close of World War II, he moved to Springfield to perform his internship at Springfield Hospital (now Baystate Medical). Dr. Prybylo was instrumental in founding the residency program at the hospital and was one of its first graduating residents. He went on to serve on the staffs of Ludlow Hospital, Springfield Hospital, Wing Memorial Hospital and the Holyoke Soldier's Home. Upon retirement as Chief of Surgery at Ludlow Hospital, he retired to Monson Massachusetts. He is survived by his wife Eleanor (Frost) Prybylo, four sons, two daughters and nine grand children. Memorial contributions may be made to Quaboag Valley Hospice, 42B Wright St. Palmer, MA 01069

Edmond M. Walence, MD
1923 - 2007

Edmond M. "Ed" Walence, MD, 83, of Springfield, died on Tuesday March 13, 2007 at Mercy Medical Center in Springfield. Dr. Walence an honored member of the Society attended Georgetown University School of Medicine in Washington, D.C. and later began his own general practice in Springfield. He served on the staff of Mercy Medical Center for over 50 years as a physician, served as hospital secretary and treasurer for 27 years, and also had been a physician advisor and utilization review monitor for the hospital. Dr. Walence also served as a physician for the children at Brightside for Children in West West Springfield, the Springfield School System, the Springfield Wellness Baby Clinics, and American Saw Company in Springfield for a number of years. He is survived by his wife of 47 years, Mary M. (Hoar) Walence and a son Stephen and daughter Catherine.

Donations may be made in Dr. Walence's memory to St. Patrick's Church, 1900 Allen Street, Springfield, MA 01118 or to Mercy Medical Center, Fund Development Office, PO Box 9012, Springfield.

Dr. Kenneth M. Frankel
1940-2007

Dr. Kenneth M. Frankel died June 17, 2007 on Father's Day. He was a graduate of Downstate Medical Center in Brooklyn, NY and interned at Yale-New Haven Hospital. He was a captain in the U.S. Army Medical Corp, served in Vietnam and received many awards and received decorations for his military service. After serving, he led in the anti war movement and was one of the founding members of the Vietnam Veterans Against the War.

Dr. Frankel was appointed clinical professor of Cardio Thoracic Surgery at the Tufts School of Medicine at Baystate and served as Chief of Thoracic Surgery at Baystate Medical Center.

Dr. Frankel's intellectual and surgical abilities were greatly appreciated within the medical community of Western Massachusetts and was loved and respected by the patients he treated and his nursing and resident associates. He is survived by his wife Felice and his two sons Matthew and Michael.

Memorial contributions can be sent to Baystate Medical Center for "The Dr. Kenneth M. Frankel Fund at the Baystate Health Foundation." 759 Chestnut St., Springfield, MA 01107 or email KMF.Fund@gmail.com for more information.

Bad Docs – where are they? How many are there? Hospital Witch Hunts – are they appropriate?

By: Dr. Francis Horrigan
Medical Director Noble Hospital

My approach to this topic comes from over 20 years in private practice and 9 years as medical director in a small community hospital. Truly "bad" docs are vanishingly rare, usually coming to attention through news accounts of criminal or fraudulent activity. I've never known one.

There are physicians who are disciplined by hospitals, the Board of Registration or specialty societies who have some problems, but probably should not be cast as good or evil. My experience with these situations has been at the hospital level, as an active staff member, subsequently as medical director, so that experience will be my platform.

Forcing physicians through stressful disciplinary procedures in the absence of a very good reason (witch hunt) is never appropriate.

Hospitals have an understandable mission to assure the delivery of high quality care within their walls. They also have legal and mandatory mandates to do so. Hospitals must assist physicians in their delivery of care by providing resources and support. Physicians may relate to hospitals as employees, private contractors or private practitioners. For all three groups the mutual expectations are detailed in contracts. In light of the diverse relationships, JCAHO mandates that hospitals have an "organized medical staff". The Medical Staff Bylaws are the contract between the medical staff and hospital to assure quality care vis a vis credentialing of qualified members, quality assurance and identification of needed clinical improvements. All contracts have provisions to be followed if expectations are not met. The Bylaws have corrective action procedures which are utilized only under carefully defined circumstances and follow specific procedures designed to provide strict due process and appeal mechanisms. The bylaws are read and accepted at appointment. Nothing should be in the bylaws that are not approved by the medical staff. Our corrective action process was written by an attorney working for the medical staff and paid out of staff dues. For issues in the other direction the Medical Staff Executive Committee is a mechanism to bring issues to administration and the Board. There should be physician representation on the Board and its major committees. The physicians involved in these activities are colleagues and often elected by the active staff. Trust (at least of your colleagues) and participation make this system work. Importantly, everything in those bylaws is accepted by BOTH parties.

Aside from illegal behavior (very rare), physicians come under scrutiny in three general areas: quality care, impairment and disruptive behavior.

Quality is no longer assumed by virtue of certification or licensure, but must be proven by measurement. Outcomes (mortality, complication rates or lengths of stay) or Process Measures (aspirin for MI, surgical antibiotic prophylaxis) are examples. Whichever measures are used must be accepted and agreed to by the medical staff. Unilateral imposition will not work. The clinical department follows these on a regular basis in conjunction with a quality assurance department of the hospital. Practitioners not working to the standard are advised and counseled. Only after persistence should corrective action be undertaken in compliance with the bylaws assuring due process and legal counsel as directed.

Physician impairment is usually identified as an alteration of previously normal behavior that results in a patient safety or quality of care issue. It results from substance dependence or disease most commonly. It must be managed by counseling, assistance in securing appropriate treatment and enabling reintegration after successful treatment in a way that protects patients and assures confidentiality for the physician. We are fortunate to have Physicians Health Services at our disposal. JCAHO again requires this plan to be in the bylaws. Unfortunately insight may not be strong in some impaired physicians and, occasionally, suspension must be done for patient care purposes.

The problem of the "disruptive physician" is being dealt with differently in recent years because of changing cultural norms (challenging authority and increasing egalitarianism) as well as legal and regulatory norms to provide a non-hostile work environment. Again behaviors defined as disruptive must be clear and accepted by institution and medical staff alike. The institution must recognize and deal with issues of incompetence and assure effective administrative remedies to issues that might compromise patient care so the doctor can do his/her work. If all efforts to resolve the conflicts fail and efforts at counseling as to non-disruptive behavior fail, the medical staff is obliged by JCAHO to have a policy to effectively deal with the problem.

Occasionally other conflicts may arise, often economic in character. These conflicts often can be resolved if each party approaches the other with mutual respect. Resolution through punitive action via the bylaws may be either anti-competitive if done by physicians or restraint of trade if done by institutions and would not withstand legal scrutiny.

Conclusions: "Bad" docs are rare. In over 20 years I've dealt with 3 quality problems, 1 impairment problem and 1 disruptive problem. In 2006 BORM disciplined 79 physicians of all the licensed physicians in the state.

As with any relationship knowledge of, and participation in, the mutual expectations is key to success. Be active with your medical staff even if you are community based and participate in your bylaws.

Respectful conflict can often yield improvement.

If one party is evil, nothing works.

FALL DISTRICT MEETING
4TH ANNUAL FALL FAMILY EVENT

The 4th Annual Fall Family Event was held on October 20, 2006 at the MassMutual Center in Springfield.

Members and their families were treated to an exclusive pre-game skating party with the Springfield Falcons Hockey team Mascot, Screech and to their opening game with the Manchester Monarchs. ***A raffle was held and the lucky winner received an autographed Falcons hockey stick.***

"Screech"

"The Girls"

Suzanne Skibinski's grandson Brendan Berube

Brendan Berube, Matthew Gates and Sean Berube

Ethical Dilemmas in Pandemic Preparedness and Responses: What is Expected of us and What Can We Expect of Ourselves

Jointly sponsored by: Hampden District Medical Society's Medico-Religious Committee and Baystate Health, the 22nd Annual Medical Ethics Seminar was held on October 26, 2006 at the Baystate Learning Center in Holyoke. Credits were awarded to physicians, nurses, social workers and nursing home administrators.

The Seminar, Ethical Dilemmas in Pandemic Preparedness and Responses: What is Expected of us and What Can We Expect of Ourselves, was presented by Lisa Stone, M.D., Hospital Preparedness Coordinator for the MA Department of Public Health.

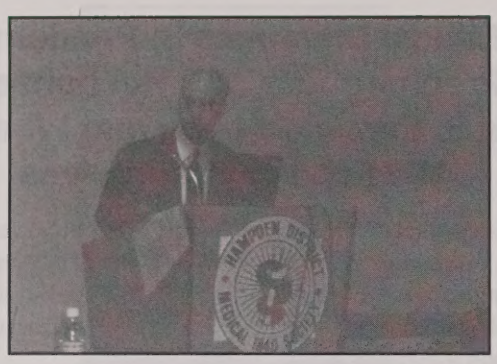
Dr. Stone received her medical degree from George Washington University School of Medicine, and completed an Internship and Residency in Internal Medicine at University Hospital in Boston. Prior to becoming the Hospital Preparedness Coordinator, Dr. Stone served on her local Board of Health where she became involved in local emergency preparedness.

Dr. Stone works with six regional hospital planning committees and their coordinators to assist the hospitals in their preparedness efforts through the HRSA cooperative agreement. She is a member of two Pandemic planning committees and co-chairs the statewide surge and MSAR advisory committees.

Panel Member Dr. Gabriel Cohn is Medical Director of Genetic Services and Chief in the Division of Clinical and Reproductive Genetics at Baystate Medical Center.

Dr. Cohn serves as a Mentor for Graduate Students and Member of the Thesis Committee and Co-director, and Lecturer, UMass Baystate Molecular Medicine Course. He also is a member of the Massachusetts Medical Society Young Physician Section and served on the MMS, Task Force on Leadership and Organization and Representation.

Dr. Cohn also serves on the Obstetrics and Gynecology Quality Assurance Quality Improvement, Research, Education, Ethics Committees and is Chair of the Task Force on Genetics at Baystate Medical Center. Dr. Cohn has published hundreds of Articles, Patents and Copyrights and was recipient of the Tufts University School of Medicine Teaching Award.



Panel Member Dr. George E. Karras is Medical Director of Critical Care Units and Respiratory Care Services at Mercy Medical Center in Springfield.

He serves on many committees at Mercy i.e.: Special Care, Hospital Quality Improvement, Pharmacy & Therapeutic, Medical Ethics, Emergency and Ambulatory Care, Peer Review, Infection Control, Credentials Committee, Medical Executive Committee and serves as a trustee.

Dr. Karras has written numerous articles and has been invited to present to over 50 organizations across the country.

Panel Member Sr. Kathleen Reagan is a Sister of Saint Joseph of Springfield and has her doctorate in Sociology from the University of Massachusetts. She has taught for many years at the College of Our Lady of the Elms in Chicopee where she is a professor of sociology.

In addition to her activities as a faculty member at the Elms, Sister Kathleen has served on the Board of Mont Marie Health Care Center and is currently a member of the Ethics Committee of that institution.

Medical Sociology is one of Sr. Regan's areas of academic concentration and she has taught nursing students for many years. Her interest in epidemiology and the specific topic of this year's seminar, prompted her to accept the invitation to be a Panelist.

Panel Member James T. Controvich speaking with Dr. Douglas Barnshaw, has a Masters in Public Health and is currently the Security and Emergency Response Manager for the Springfield Water & Sewer Commission and is the former Director of Springfield Emergency Planning and project director for the Springfield Metropolitan Medical Response Program and is a member of the State's Incident Management Assistance Teams.

The Program is responsible for improving the region's ability to cope with catastrophic events. It has developed a structure to assist the first responder (police, fire, and ambulance), the hospital network, and the public health community to deal with the ramifications of an incident that generates a large number of casualties. The group has been meeting for about three years and has representation from a wide variety of agencies and institutions from within Hampden County.

Major incidents well beyond the scope of any individual community will require an integrated regional approach.

If A Large Scale Disaster Were To Strike, How Would You Respond?

In the past several years, we have witnessed an unusual number of large-scale disasters that have challenged our nation's response systems and ability to provide medical care to all victims. Many studies have looked at the "lessons learned" from those events, and one central theme consistently has emerged: the quality of the local response determines a major part of the quality of the overall response.

The Massachusetts Medical Society (MMS) and its Committee on Preparedness are committed to enhancing our health care system's capacity to prepare for, detect, and respond to the consequences of disaster, terrorism and other health emergencies. One of the most important themes we have identified to improve our local response capacity is engaging health professionals in the response network before an event actually occurs. In order to help achieve this goal; the MMS is presently seeking physicians to enroll in three new preparedness projects sponsored by the Massachusetts Department of Public Health (MDPH): MSAR (the Massachusetts System for Advance Registration of Volunteer Health Professionals), the VSC (Volunteer Surveillance Corps), and the HHAN (Health and Homeland Alert Network).

MSAR is a statewide, secure database that pre-credentials healthcare professionals who are interested in volunteering in the event of a public health emergency. Recent experience has demonstrated how important it is that volunteers be pre-identified and pre-credentialed in order to be deployed through a coordinated effort in an effective emergency response. By registering with MSAR, health care professionals can be part of a statewide automated alert system and respond when activated to a public health emergency. For more information, or to register, please visit www.mass.gov/MSAR or contact Kerin Milesky at 781-434-7280.

The VSC is a group of active and retired volunteer physicians who promote disease reporting and vigilance in the local communities of the Commonwealth. Volunteers may be asked to assist by collecting or disseminating information, calling clinicians in the event of an outbreak or other public health emergency, assisting with vaccine promotion and

distribution or providing support to their board of health.

The HHAN provides secure web-based communication and other information sharing capabilities to responders throughout the Commonwealth of Massachusetts. Physicians who register on the HHAN may be notified of real-time emergency alerts via email, phone, pager and other communications if they desire. They may also access sections of the HHAN that address response planning, surveillance, laboratory reporting, and epidemiologic investigations. MMS is currently taking the names of member physicians who would like to register on the HHAN. For further information regarding the VSC or to register for the HHAN please contact Vanessa Kenealy at vkenealy@mms.org or 781-434-7319.

If a large-scale disaster were to strike here in Massachusetts, many of you have asked how you might be able to help or what role you might play. Registering for MSAR, the VSC, and/or the HHAN is one way of helping to prepare now for such an event in the future. Registration is completely voluntary and does not obligate a volunteer to respond. By becoming an MSAR and/or VSC volunteer you will be helping to ensure that the Commonwealth's communities –families, neighbors, and friends – will have access to uninterrupted and vital health care services when they are needed the most.

Paul Biddinger, M.D.
Chair, MMS Committee on Preparedness

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VOLUNTEER SURVEILLANCE CORPS

Dear Member:

Kindly indicate the ways in which you are able to participate in the MMS Volunteer Surveillance Corp and, your availability below.

Your responses are used to provide us with a general idea about your interests and availability. Please remember you are never under any obligation to participate.

Name: _____ MD / DO

Specialty _____

Emergency Functions:

[ ] Disseminating critical information in the event of a possible infectious disease outbreak or emergent public health situation.

[ ] Survey colleagues in the event of a possible infectious disease outbreak or emergent public health situation.

I am also willing to promote infectious disease surveillance by:

[ ] Distributing informational materials on infectious disease and bioterrorism within local hospitals and physician offices.

[ ] Encouraging practitioners to implement systems that support infectious disease reporting.

[ ] Collaborating with local hospitals to present Grand Rounds with faculty and/or materials provided by MDPH.

[ ] Working with local boards of health to supplement and enhance local reporting and surveillance efforts. E.g. assist with case report forms and/or interpretation of lab results.

[ ] Promoting adult immunization for populations at risk
[ ] Pneumococcal vaccine
[ ] Hepatitis A

[ ] Recruiting providers to participate in the Influenza Sentinel Surveillance System. The system monitors circulating influenza strains in order to detect the emergence of new strains.

I am available at the following times:

[ ] Mornings [ ] Afternoons [ ] Evenings
[ ] Weekdays [ ] Variable [ ] Weekend

I prefer to participate:

[ ] On a regular schedule [ ] Intermittently
[ ] When specifically requested by MDPH

Additional experience: _____

_____

Areas of interest: _____

_____

Comments: _____

_____

_____

Thank you for your input. Please fax to: (413) 731-8990 or mail form to: Hampden District Medical Society, 1111 Elm Street, Suite 22, West Springfield, MA 01089-1540. Your name will be forwarded to Vanessa Kenealy, Project Coordinator, Volunteer Surveillance Corps at the Massachusetts Medical Society.

AMA News

The National Minority Health Foundation and American Medical Association announced recently that Dr. Claudia Martorell was nominated to receive the Severo Ochoa Award. The Award was presented to Dr. Martorell at the 4th Annual National Summit on Health Disparities Conference on April 23, 2007 in Washington DC.

The award is given annually to an individual or organization that has made an outstanding contribution to eradicating HIV/AIDS in the minority community.

Dr. Martorell, and Infectious Disease doctor specializing in HIV Care was recognized for her exemplary work in focusing efforts towards HIV/AIDS awareness and prevention among minorities.

Congratulations to Dr. Martorell on this outstanding achievement.

Dr. Martorell recently hosted an Open House at Max's Tavern in Springfield. The Open House was held to bring together health care professionals and legislators to learn about The Research Institute. Dr. Martorell is the Director and Principal Investigator of The Research Institute located in Springfield.

Springfield and Holyoke area rank 10th nationwide in the rate of AIDS and, Hispanics account for more than half those cases. Dr. Martorell is one of only two Hispanic doctors in Springfield who specializes in HIV and Hepatitis-C.

The Institute provides access to cutting-edge advance treatments and Nation/International clinical trials on HIV, Hepatitis C, Hepatitis B, and associated conditions such as lipoatrphy, lipodystrophy, and Expanded Access Program (EAP) among others.

The Institute provides the highest quality of Clinical trials available together with the highest ethical standards in the field. The Medical and non-medical staff involved in trial duties are trained in good clinical practice. Their goal is to provide access to care to the best treatments currently available to the community.

CLAUDIA MARTORELL, MD, MPH, AAHIVS
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American Medical Association Helping Doctors Help Patients

As a physician, you deserve to be able to choose who has access to your prescribing data.

The AMA Physician Data Restriction Program (PDRP) makes that decision yours alone by empowering you to determine whether the prescribing data you generate is made available to pharmaceutical companies. It lets you opt out of sharing prescribing data with pharmaceutical representatives-if you want. Yet it still keeps the data available to advance important public health benefits, such as timely and appropriate communication about drug recalls and evidence-based medical research.

The AMA does not collect, sell or have access to prescribing data, but health information organizations match the AMA's Physician Masterfile to prescribing data from other sources. These organizations then license the combination of prescribing data and the AMA Physician Masterfile to pharmaceutical companies.

This enables the AMA to assure compliance with the PDRP.

Visit http://www.ama-assn.org/go/prescribingdata to learn more about PDRP—and how to exercise your choice.

STEPHEN WITTENBERG, MD, FACP

It is with distinct pleasure that the Massachusetts Chapter of the American College of Physicians presents the 2006-2007 Internist of the Year Award.

Dr. Stephen Wittenberg was born in Austria and moved to the U.S.A. at the age of four.

Dr. Wittenberg received his M.D. degree from New York University.

After completing his fellowship, Dr. Wittenberg spent 7 years in academic medicine where he published a number of papers on basic electrophysiology topics as well as directing the coronary care unit. Realizing that his passion was for individual patient care and for teaching "in the trenches," he left a tenured assocatiate professorship at SUNY Buffalo School of Medicine to join Pioneer Valley Cardiology, a private practice group, and to teach at Baystate Medical Center.

Dr. Wittenberg has served on numerous activities in the community, received many awards and honors and, currently serves as Chairman of the Board of Reeds Landing Life Care Community, a collaborative effort of both Baystate Medical Center and Springfield College.

The Society salutes Dr. Wittenberg for receiving this well deserved Award.

AMA urges physicians to obtain National Provider Identifier by May 23, 2007

In the wake of the Center for Medicare & Medicaid Services' (CMS) announcement of a contingency plan guidance for compliance with the National Provider Identifier (NPI) deadline, CMS has since clarified that penalties will not be levied for non-compliance between May 23, 2007, and May 23, 2008, if a physician has made a "good faith effort" to comply with the May 23, 2007, deadline through "reasonable and diligent efforts."

Should CMS receive a complaint about a physician for non-compliance, the agency will consider whether the physician obtained his or her NPI by the May 23, 2007, deadline. Therefore, the AMA strongly encourages physicians to obtain their NPI before May 23 and to document their compliance efforts. This is especially important because Medicare, the nation's largest payer of health care benefits, has not yet announced the duration of its own contingency plan. Physicians should contact each of their other payers to determine whether they plan on implementing contingency plans and, if so, for what length of time.

Please note that the Executive Committee suggested having the NPI number on all correspondence and asked Dr. Jose Azocar, a member of the Board who's also a member of the CMS, Practicing Physicians Advisory Council to bring this to the attention of the Council at their May meeting.

UPDATE: AMA Medical News May 14, 2007 Washington: The government will allow physicians who are not yet able to use their National Provider Identifiers on Medicare claims to use their old ID numbers for part of the next 12 months, but officials could pull the plug on this extension at any time. For more information please contact Dana Cooper, MMS Manager Health Systems at 800-322-2303

****

11th Annual Medical Legal Forum for Physicians and Attorneys

Chief Justice Margaret Marshall, Dr. Jeffrey Kaufman, President and Dr. Mark Mullan, Co-Chair, Medico Legal Committee

Many say Doctors and Lawyers say privately that they really can't stand each other. Doctors fume when lawyers subpoena them to testify at trials, and lawyers snarl when doctors think their time is too precious for courtrooms. In 1992, a new panel was formed in Hampden County-the first of its kind in Massachusetts, and perhaps a national prototype-formed to aim for kinder, gentler relations between the two professions.

After 11 years, Dr. Mark Mullan and Attorney John Bagley remain to co-chair the Medico-Legal Committee.

On November 14, 2006 the 11th Annual Medical Legal Forum was held at The Log Cabin Banquet & Meeting House in Holyoke. The Honorable Margaret H. Marshall, Chief Justice of the Massachusetts Supreme Judicial Court was the Keynote Speaker.

A native of South Africa, Chief Justice Marshall graduated from Witwatersrand University in Johannesburg in 1966. In 1966, she was elected President of the National Union of South African Students, and served in that capacity until 1968, when she came to the United States to pursue her graduate studies. She received a master's degree from Harvard University, and her J.D. from Yale Law School.

Before her appointment to the Supreme Judicial Court, Chief Justice Marshall was Vice President and General Counsel of Harvard University. First appointed as an Associate Justice of the Supreme Judicial Court in November, 1996, she was named as Chief Justice in September, 1999, by Governor Paul Cellucci, and began her term on October 14, 1999, following her confirmation by the Governor's Council.

Chief Justice Marshall is the second woman to serve on the Supreme Judicial Court in its more than 300-year history, and the first woman to serve as Chief Justice.

By: Suzanne Skibinski, Executive Director

Chicopee District Court Judge Mary Hurley with attorney colleagues

Attorney Sandra and Dr. Stephen Metz, President-elect.

Drs. Alan Bullock and Dr. Jeffrey Kaufman, President

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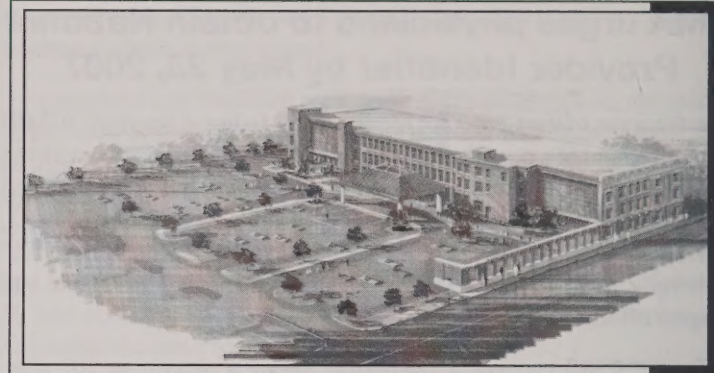

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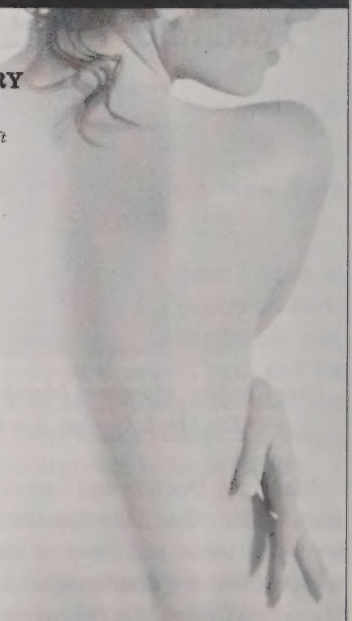

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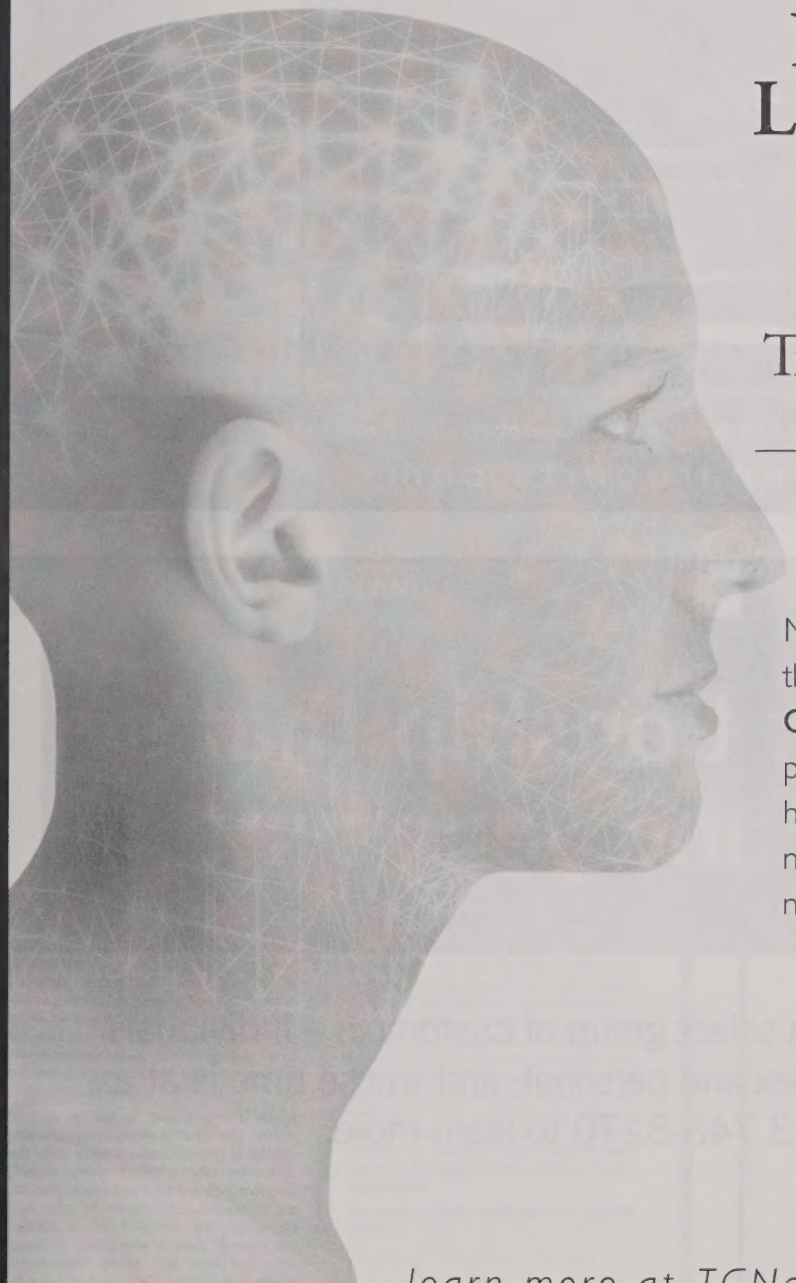

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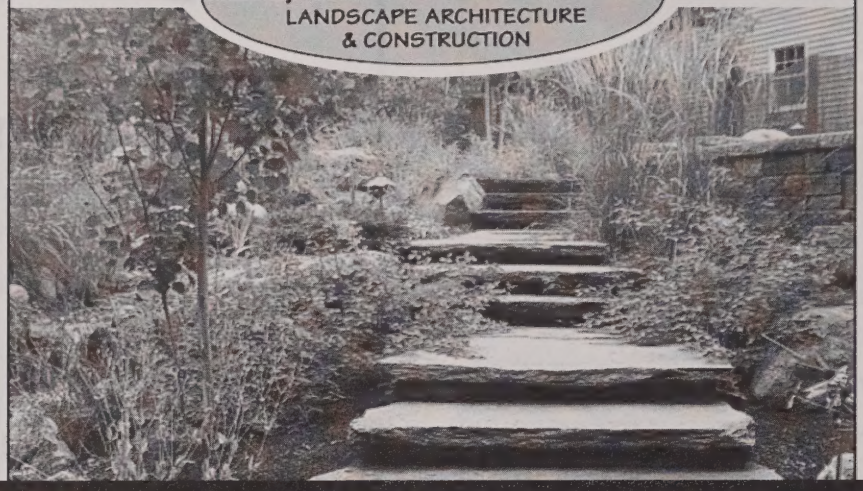

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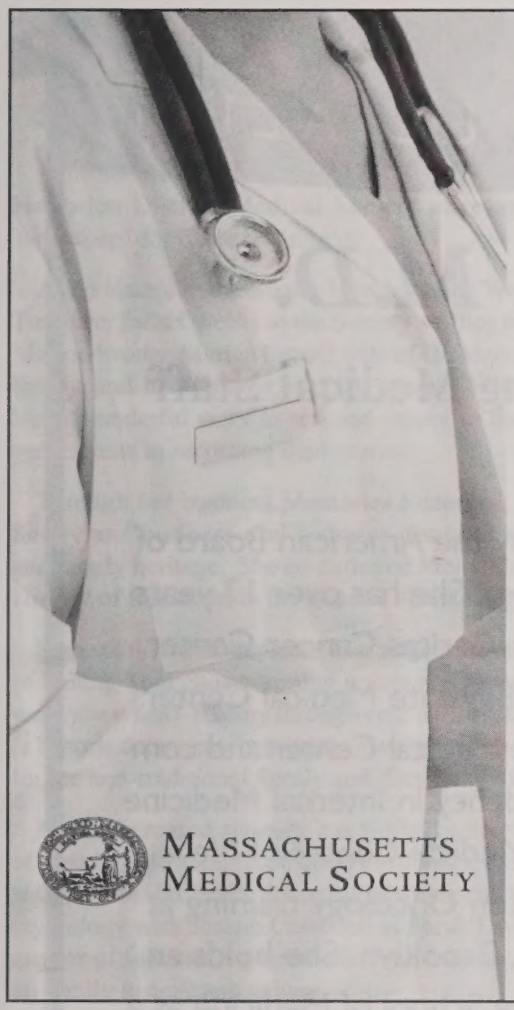

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Baystate Medical Center, recently named one of America's 100 best hospitals, is the health system's flagship hospital and the Western Campus of Tufts University School of Medicine. It is the only ACS Level I designated trauma center with pediatric designation in Western New England. It has over 650 beds, 34 surgical suites, and approximately 2,000 trauma evaluations per year. Residency and fellowship programs include medicine, surgery, anesthesiology, radiology, pediatrics, obstetrics/gynecology, emergency medicine, and pathology. Baystate Medical Center serves as the regional referral center for Western New England.

Interested applicants should submit CV and cover letter to:

Gerda Maissel, MD, Medical Director,
Post Acute Medicine
c/o John Larson, Senior Manager,
Physician Recruitment
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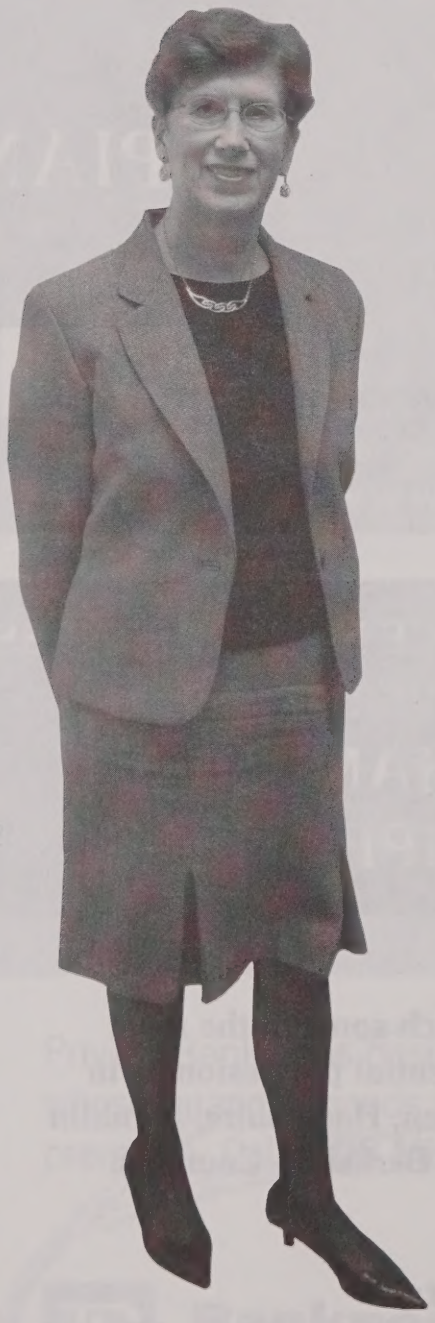

Dr. Lowen is board-certified by the American Board of Radiology in Radiation Oncology. She has over 17 years of experience and joins the Sr. Caritas Cancer Center from her previous position at Baystate Medical Center. She is a graduate of New York Medical Center and completed her internship and residency in Internal Medicine at St. Vincent's Hospital and Medical Center of New York. She received her Radiation Oncology training at State University of New York, Brooklyn. She holds an appointment at Tufts University School of Medicine as a clinical instructor and lecturer for clinical education. She has expertise in all aspects of adult Radiation Oncology with special interests in breast and urologic cancers. She is a member of the American Society for Therapeutic Radiology and Oncology, American College of Physicians, American College of Radiology, Hampden District Medical Society and Massachusetts Medical Society.

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SENIOR WRITING WORKSHOP

Due to the popularity of past Senior Writing Workshops, the Hampden District Medical Society once again held a "Writing Workshop" for Senior members.

At no charge to the Senior Members, the Workshops were held on Tuesdays for six weeks at the Society's office and were conducted by Marion Broder. Marian Broder wife of Dr. Martin Broder has recorded family oral histories for over 30 years. She believes that everyone has a wonderful story to tell and values to transmit and guided the participants in recording their stories.

Through her business Memories Recorded, she created personal, family and business oral histories designed to preserve individual and family heritage. She co-authored Memories of Zionism: An Oral History of Residents in the Greater Springfield and Pioneer Valley.

Some of the workshops that Marian presents are, The Healing Power of Telling Your Story; turning points and times of transition; Where were you when? History through your own eyes; Writing Ethical Wills (a historic document for passing on values); Genograms instead of trees for the non-traditional family and, Genealogy for beginners.

Marian, a retired attorney, has worked with clients in the last stages of their lives to complete their life reminiscences. She studied history at Columbia University School of International Affairs and folklore and mythology with Joseph Campbell at Sarah Lawrence College. As a mother of four and a grandmother she is on the front lines of passing on family history and values.

Seated, Dr. William Dean, Marian Broder Standing, Drs. Mark Pohlman, Jose Pangan and Clayton Thomas

On Blood Donation and Why Are You Not Donating...

By: Dr. Jeffrey Kaufman

I recently donated my 155th unit of blood. It is a chore to go through the processing of donors, starting with reading the missives at the entrance, going forth with surveys, and then going through an interview. It seems that with each unit I give, the Red Cross has more and more material to read and more questions to answer. I then have my temperature recorded, my blood pressure taken, my finger stuck for a qualitative hemoglobin assessment. Finally, I sign off the papers and go out to the donor area. There one of the technologists takes great pleasure in sticking that 15 gauge needle into my arm. After all those units, the antecubital vein is getting a bit scarred, so it hurts going in. I have good veins, so the unit is drained quickly, which is fortunate, because my elbow position with donation is not comfortable. We obtain homeostasis, there is a quick interview and back rub, and off I go. I usually omit the cookies and coffee at the end of the donation. I have yet to faint. Fifteen years ago, I could give blood in as little as 20 minutes, but it now takes closer to 45.

One observation has disturbed me during years of donation: My peer physicians in whatever community I have lived in do not commonly serve as donors. One would think that doctors would be the best of donors, as we certainly know about the diseases that prompt the need for transfusion. Some of us are still involved in the process of actually administering blood, which I admit I have not done for many years now. Frankly, if you asked me how to go through the paperwork to hang a unit of blood, I would be ignorant of the process. I leave that to nurses and residents. On the other hand, I certainly know how blood is lost and salvaged, and I have seen the devastating effects of rapid blood loss from elective surgery and from trauma. I know that my experiences are far from unique, and the understanding of blood loss has sparked my involvement in replacing the pool of donated units. So, why am I one of the few doctors who donate? Are not others cognizant of our need to maintain blood in the bank?

One would think that doctors would make excellent donors. Yes, some of us are disqualified by virtue of exposure to needle sticks and to splashes, but most of us take great care to avoid exposures that would be a disqualification. We work close to blood banks, and many of us know the pathologists and hematologists who run the banks. If there were one reason why doctors are not commonly donors, it would be the tendency of blood donation centers not to make precise appointments for donors, which – if available – would certainly work better with our busy schedules. On the other hand, we tend not to be too obese, so our veins are good, and we understand the process, including the expectation about pain from venipuncture.

The first experience I had with blood donation was in my freshman year of college. It was late 1968 or early 1969, and the Vietnam War was in progress. At MIT, the yearly blood drive delivered some 5000 units in a week, said to be the largest civilian blood drive in the US. We piled into a cavernous space of the armory building on campus, where there were seemingly hundreds of donor tables -- at least it seems that there were! It was noisy, and there was no privacy. It was a sort of badge of honor to go to class with a bandage on one's arm that week.

In medical school, I continued to donate regularly. The unique aspect of donation in San Francisco was the ability of the Irwin Memorial Blood Bank to obtain massive amounts of fresh whole blood for trauma victims. It was then a bit of local tradition engendered by trauma surgeons that the best replacement was whole blood, not component therapy as now advocated. Part of the thinking was that the clotting factors were at their best concentration. There was a system where the blood bank could put out the call and have dozens of people, often police, fire, and military personnel, who would donate for immediate use at San Francisco General Hospital. It was amazing to see people who dropped whatever they were doing in order to donate. Of course, some of those units went to brethren of the police and fire departments who were injured in the line of duty, so there was never a shortage of blood in that circumstance.

Blood transfusion practice has changed so much in my experience. When I was a resident at the MGH, units were labeled with the donor

My Clients *are* Doctors *with* No Patience For Business

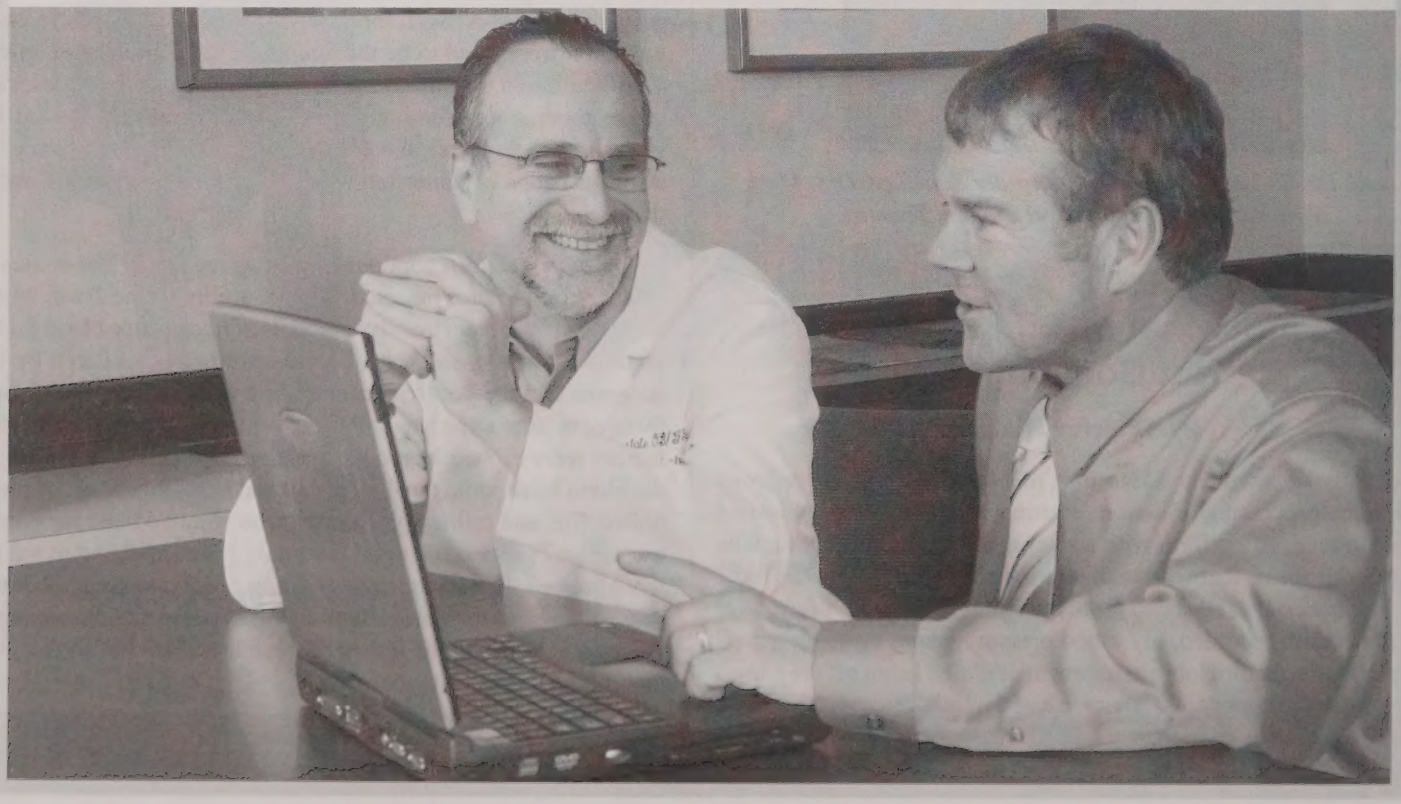
I've been working with physicians and dentists for more than 30 years. In fact, in my role as partner in charge of the Health Care Services Division at Meyers Brothers Kalicka, I spend most of my time working with doctors' practices. I understand the challenges health care professionals are up against, and I understand that with everything else they have going on, most of my clients simply don't have the time or the energy to devote to business matters. This is where the expertise and hard work of the people in MBK Health Care Services really pays off. We have years of experience dealing with every accounting, tax and financial management matter medical and dental practice groups face. We can assist with managed care contracts, employment contracts, compensation arrangements, buy-in and buy-out agreements, practice revenue enhancement, financial management and other practice management matters. We have extensive experience performing practice valuations and facilitating practice mergers, acquisitions, sales and divestitures. We also offer expert consulting in the areas of regulatory compliance and information technology. Our clients range dramatically in size, from solo practitioners to multi-specialty clinics, but they all benefit from the expertise, experience and commitment to regular, direct contact and personal service that are hallmarks of Meyers Brothers Kalicka. Everyone at MBK believes it's essential to offer top-quality service to every client. Every day. So when you work with us, you can concentrate on healing, knowing that we are attending to the fiscal health of your practice.

– Jim Calnan

MBK MEYERS BROTHERS KALICKA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS CONSULTANTS

330 Whitney Avenue, Suite 800 ■ Holyoke, Massachusetts 01040
413-536-8510 ■ www.meyerskalicka.com

Dr. Howard Trietsch, managing physician of Baystate OB/GYN Group and Jim Calnan, partner in charge, MBK Health Care Services Division.



name. I hung two of my own units during my five years of donation there. It is a unique and thrilling experience to know that someone who really needed a unit was getting something so personal from me. Ever since, I have been very careful not to waste blood in the OR, and certainly I do not like to waste blood through unnecessary transfusion. I know the energy that goes into each unit from donation to processing.

I have also noted that many doctors do not promote blood donation. Of course, the Red Cross does not seem to understand how doctors can better inform the public about donation. I have always used the critically important venue of the family conference after surgery to ask people to donate in the name of my patient when there has been a significant blood loss. That is the most dramatic of moments, and I certainly have everyone's attention. It is the perfect time to remind people that blood banks are a shared community resource which must be replaced. For some time, we have had blood donation literature in our office waiting room. I wish the Red Cross had more material for offices. How hard is it to have people remember 1-800-GIVELIFE as the donation phone number?

People tell me that some day; we may see the blood bank changed from a repository of packed cells and frozen components. We are at the advent of longer-lived semi synthetic hemoglobin products, and these will be very helpful for acute trauma resuscitation. Even with these new transfusion products, we will always need a human source for the blood from which these are made. For those of you, who have donated, please continue to do so. You can give a unit every six weeks. For those physicians who have never donated, please consider a trip to your local donor center.

American Red Cross

Be a Hometown Hero... Please Donate Blood.

AB A B O

You're Just The Right Type!

Springfield Donor Center

3500 Main Street, Springfield

Monday and Wednesday

12pm to 7pm

Friday and 1st Saturday of every month

7:30am to 2:30pm

To donate blood
You must be:

•At least 17 years of age
•At least 110 pounds
•Be in good general health
•Have not donated blood in the last 56 days

For more information or to make an appointment, please call 1-800-GIVE LIFE
(1-800-448-3543) or log onto
www.givelife.org

The Need is Real. The Need is Now.
Please Give Blood.

How to Counsel Your Patients with Special Needs Children

By: Stacey Brock, Esquire

Doctors sometimes get questions from patients who are parents of children with disabilities regarding how to address their children's needs. These questions often arise when the children are first suspected of having a disability and parents are beginning to communicate with their local public school district about their child's educational program and services.

A pediatrician or family practitioner is frequently the first person parents turn to for advice for how to evaluate their special needs child's strengths and weaknesses. Parents will ask doctors they trust to recommend specific tests or to refer them to specialists. Understanding a little about the challenging process that parents face when working with their school districts may help doctors to effectively advise their patients during this demanding time.

Special Education, the Public School District, and the Law

Parents are usually seeking advice from their doctors in connection with plans they have to meet with their public school district to discuss their special needs child. Although parents may not be aware of this, the specific meeting they are preparing for, and the entire realm of special education in public schools for that matter, is strictly regulated by law.

Their public school district is represented by legal counsel and has been advised of how to conduct the meeting by their attorney. Parents who are new to special education can therefore benefit from any guidance they can receive from medical professionals who are familiar with their child.

Generally speaking, the purpose of the meeting they are preparing for is to determine if their child is eligible for special education and related services, and if so, to draft an Individual Education Plan (IEP). This terminology comes from Federal law. Federal law mandates that all public school districts must offer a Free Appropriate Public Education (FAPE) to every child with a disability who resides within their district.

The law also requires that school districts make these offers of FAPE in writing to parents in the form of an IEP. In addition, the law requires that the IEPs must be created in an IEP Meeting by an IEP Team. According to the law, the ultimate question is not what is best for the child, but what is appropriate. Appropriateness is the legal standard, and parents should understand this in preparation for the meeting.

The IEP – The Basics

An IEP is required to be created in a certain way and must contain specific components. It is a written educational program specifically geared to an individual student's strengths and weaknesses. The IEP must address the child's academic, social, emotional and/or physical needs. Academic difficulties are not the sole basis for eligibility for an IEP. For instance, a child who performs well academically but experiences social anxiety may qualify for an IEP. The IEP must contain a placement recommendation within the family's public school district if an appropriate setting is available, or a recommendation for an out of district placement if necessary.

The IEP Team – Who, What & Where

The IEP Team composition is also determined by law. It is simply the group people who attend the IEP Meeting. However, State and Federal law mandates that certain people from the school district attend the meeting, depending on the nature of the suspected disability. In addition, the law provides that the parents are to be treated as equal members of the IEP Team. Furthermore, the IEP Team may include anyone else the school or parents invite to give insight into the child's suspected disability, including private specialists with knowledge of the child.

Parents are frequently surprised to find that they are greeted by as many as ten or more people from the school district when they arrive at their first IEP Meeting at their child's public school. The situation can be intimidating. For this reason, the law allows parents to bring an advocate or attorney with them to the meeting if they give prior notice to the school district.

The role of the IEP Team and what they discuss during the meeting is again determined by State and Federal law. The IEP Team makes recommendations regarding the nature and extent of the child's disability and decides what, if any, special education and/or related services the child should receive from the public school district for the next twelve months. Special education involves the type and form of instruction the child will receive. Related services include, but are not limited to, speech and language therapy, physical therapy, occupational therapy and counseling. Their recommendation will include whether or not the child will receive support during the summer and/or after school.

The IEP Team – How & When

Once again, the manner in which the IEP Team makes their recommendations is structured by law and accompanying regulations. To make their recommendations, the IEP Team must discuss all relevant reports and evaluations, some of which are specifically required by law, and they must talk about their own observations of the child in and out of school. The IEP Team must also discuss the goals and objectives for the child for the upcoming year based on the child's demonstrated strengths and weaknesses.

After the goals are outlined in specific and measurable ways, the IEP Team will recommend the type of class the child should attend in order to reach the goals and objectives. This placement recommendation will include a description of the class environment and where the class is located. The IEP Team must make placement recommendations based on the legal standard that allows for a child to be educated with typically developing peers to the maximum extent possible. This legal standard is called the Least Restrictive Environment (LRE). The LRE will fall on a continuum ranging from general education (least restrictive) to residential institutions (most restrictive). There are a number of options in between.

The IEP is drafted by school district personnel at the conclusion of the IEP Meeting or within a few days afterwards. It will memorialize the IEP Team's findings, including the parents' concerns. The IEP will specifically state the child's disability, proposed goals and objectives for the next year, as well as the special education and related services that the public school district will offer to the child, including a placement recommendation. Parents should be advised that while their input is important and they are considered to be equal members of the IEP Team, the law does not require the school district to agree with parents regarding what is appropriate for the child.

Preparing Parents for the IEP Meeting

Clearly, with the nature and impact of the IEP Meeting in mind, one of the most critical ways a doctor can help parents prepare for this process is to encourage them to have reliable and helpful assessments and recommendations concerning the child's academic, social, emotional and physical needs. Parents should be advised that while they certainly know their child better than anyone, they should also seek professional assistance to help them form opinions about what is appropriate for their child with respect to special education and related services.

This professional assistance generally comes in two distinct forms: 1) Parents can get recommendations from private providers or specialists that they give to the school district before the IEP Meeting; or 2) Parents can rely on the public school district to conduct the appropriate assessments and make proper recommendations.

Referring Parents to Specialists

When recommending a specialist to parents, doctors are encouraged to make sure that the specialist is familiar with the IEP development process and is comfortable with making specific recommendations for the services he or she thinks the child should receive during and outside of school, if appropriate. The specialist should be able to generate a written report that includes all of the following recommendations:

- The type of service the child should receive;
- The required training or experience the provider of the service should have;
- The number of sessions per week the child should receive this service or program;
- The length of time each session should last; and
- The number of additional students, if any, that should be receiving this service together with the child.

Parents who request referrals for specialists should be advised that they must leave ample time to schedule the appointments if they want the IEP team to consider the independent assessments at the meeting. This is because the law requires that parents provide these written reports to the school district before the IEP meeting. As a rule, it is best to give a copy of the written report to the school district's Special Education Administrator at least ten days before the meeting. Parents should allow time to both schedule the appointment and to receive the final written report.

Advising Parents about Public School District Assessments

On the other hand, if parents are not seeking help from private specialists and they decide to rely on the school district to evaluate their child, they may turn to their doctor or their child's pediatrician to give them advice regarding the specific evaluations and assessments the school district should conduct. Doctors will serve their patients well if they advise them to request copies of all of the assessments and ▸

recommendations from the school district before the actual IEP team meeting. An opportunity to review these reports prior to the meeting is guaranteed under the law and affords parents the opportunity to decide if they agree with the school district's assessments and recommendations, and maybe even discuss the reports with their physicians.

Counseling Parents Who Disagree with Their School District

Sometimes parents will return to their doctors to express their frustration that their school district did not agree to provide special education and/or related services that a private specialist or their child's pediatrician recommended. In these situations, parents should be advised that there are steps they can take to pursue the issue further. Parents may accept the IEP in whole or in part, or they may reject it entirely, but they must do this in writing.

Parents who disagree with part or all of a proposed IEP must either request another meeting to discuss their concerns or seek an appropriate IEP for their child by contacting the Bureau of Special Education Appeals (BSEA) for help. The BSEA can assist the parents with mediation or with a hearing in front of an impartial hearing officer. For more information on BSEA mediation and hearings visit their website at www.doe.mass.edu/bsea. Although not necessary, it may be helpful for parents to consult an attorney if they do decide to contact the BSEA.

Stacey Brock, Esquire, is an associate with the law firm of Bacon & Wilson, P.C., who focuses the majority of her practice in Education Law. She represents parents of special needs children in their attempts to seek appropriate services from their public school districts. She is a former staff attorney in the Special Education Division of the New York City Department of Education, where she focused primarily on IDEA and Section 504 compliance. SBrock@Bacon-Wilson.com; 413-781-0560.

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Hampden District Medical Society Winter District Meeting January 30 & 31, 2007

By: Suzanne Skibinski

Welcome Ronald M. Davis, M.D., President-Elect, American Medical Association

Primary Care Physicians:? An Endangered Species

On the evening of January 30, 2007, Dr. Ronald M. Davis, President-elect of the American Medical Association was the 66th President-Elect invited as guest of the Hampden District Medical Society's winter district meeting. The Topic was, Primary Care Physicians:? An Endangered Species.

Dr. Davis, a preventative medicine specialist from Michigan's Center for Health Promotion and Disease Prevention, outlined how the Association is working toward reforming the way physicians are reimbursed by Medicare and curbing high malpractice insurance rates which make it prohibitive for many doctors especially here in Western Massachusetts to practice medicine. Dr. Davis also spoke on the top concern here in Western Massachusetts which is the shortage of primary care physicians and the retainment of residents. Many young people who go into medicine gravitate toward becoming specialists because of the low reimbursement especially in Massachusetts where it's extremely low. Those positions are more attractive since medical school debt is approximately $120,000-$130,000.

Dr. Kenneth Peelle, President of the Massachusetts Medical Society representing 18,500 Massachusetts physicians, also an invited guest, discussed the skyrocketing healthcare costs and insurance premiums, and the state's landmark efforts to extend coverage to the uninsured. He also informed the attendees of the concerns about some of the plans and some of the tiering things that are going to be counterproductive in terms of patient care and other issues with the healthcare system including the crisis in shortages.

On Wednesday, January 31, 2007, prior to speaking to physicians at Baystate and Holyoke Medical Center, students and faculty at Springfield College and members of the Kiwanis luncheon, Dr. Davis appeared on the WHYN Radio Morning Show with host Bo Sullivan.

"Thank you Pediatric Associates of Hampden County for attending" Drs. Tracey Browning, Robert Peskin, Mina Moussavian-Assadi, Paul Taylor and Thomas O'Leary

"Surprise"
Dr. Sam Brendler accepting the 2007 Senior Volunteer Physician of the Year Award from Van Sickle Middle School students Tracey and Natasha Polite and Chantelle Rivers

William Clark, science teacher at Van Sickle Middle School nominated Dr. Sam Brendler for the 2007 Senior Volunteer Physician of the Year Award.

Mr. Clark said, "Over the past five years, I have had the opportunity to educate many students with Dr. Brendler in the science classroom and laboratory. Dr. Brendler is a role model and has helped me grow as an educator and person. He is a committed citizen who relates well to the eighth grade students and is an excellent listener. He is a conscientious resource that is committed to the academic and personnel growth of the students at Van Sickle Middle School.

We have traveled with Dr. Brendler for several years and after visiting such places as Howe Caverns in New York, Dr. Brendler was able to ask critical thinking questions that challenge students and check their comprehension and knowledge of the properties of minerals and rocks.

Dr. Brendler, by volunteering his time, is improving the future of the City of Springfield. He is leaving a footprint on the future scientist, doctors, educators, and leaders of tomorrow. He loves education and embraces the challenges of working with middle school aged students".

Hampden District Medical Society congratulates Dr. Brendler and thanks him for caring about the future of our children.

Dr. Kevin Hinchey, BMC, Program Director, IM Residency Program accepting the 2007 Dr. Oliver Wendell Holmes Stethoscope Award from Dr. David Rose, Chief Div. GM & Geriatric Medicine at BMC.

A national leader in medical education, Dr. Kevin Hinchey, program director of the internal medicine residency programs at Baystate Medical Center, received the 2007 Dr. Oliver Wendell Homes Stethoscope Award. The annual Award recognizes innovative medical educators, researchers and campaigners for scientific health care.

In nominating Dr. Hinchey, Dr. Michael Picchoni, associate program director of the internal medicine residency programs and Dr. Heather Sankey OB/Gyn Residency Program Director noted it was his understanding that "Dr. Holmes was known for his humane sensitivity and for contributions to medicine and society that were both broad and profound. When it comes to physicians of the current era, Dr. Hinchey can be described in these same ways." "In caring for patients, he always demonstrates the utmost of care and attention in attending compassionately to their needs. While extremely knowledgeable and a skilled diagnostician,

Dr. Hinchey addresses the emotional and spiritual issues pertinent to his patients with the same importance and practicality as their medical condition. In response to this, his patients routinely express their appreciation and gratitude, and so should we as his colleagues," Picchoni wrote. Dr. Hinchey's contributions to patient care are also reflected through his dedication to medical education. As program director of the largest medical training program in the area, the region's only teaching hospital and the Western Campus of Tufts University School of Medicine, he has taught hundreds of physician residents to practice the same high-quality, compassionate medicine he has become known for. He also shares his outstanding skills and inspires many young medical students who study at the hospital each year.

A resource for other medical educators within the field of medicine, Dr. Hinchey is bringing national attention to the training of physicians in Western Massachusetts as a leader within a nationwide project to redesign the way graduate medical education is conducted and how assessments of clinical competence are verified among trainees.

Hampden District Medical Society congratulates Dr. Hinchey on receiving this prestigious Award.

Dr. Stephen Metz, President-Elect HDMS
Dr. Kenneth Peelle, President, MMS

"Happy Birthday"
Dr. Kollgal Murthy celebrating his birthday at the winter district meeting

"Question?" Dr. Thomas Judd, IM, Holyoke and Dr. Ronald Davis, AMA President-Elect

Dr. Shantilal Kenia, Cardiologist, Westfield Representative Donald Humason and Dr. James Wang, Ob/Gyn, Springfield/ Westfield

Dr. Davis accepting the HDMS Fleece jacket from Dr. Jeffrey Kaufman, President

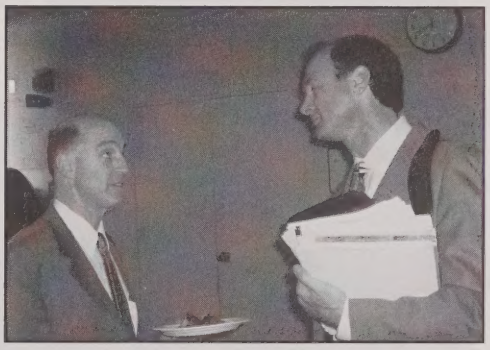
BMC/Tufts medical students Maristella Evangelista, and Jonathon Flug guests of Dr. Albert Hsu

Medicine and Medical Education: The Challenges Today and Tomorrow

On January 31st, Dr. Davis spoke at Grand Rounds at Baystate Medical Center and again at a CME Luncheon at Holyoke Medical Center. In his presentation, Medicine and Medical Education: The Challenges Today and Tomorrow, Dr. Davis reported that 47 million Americans have no health insurance, eight out of 10 of those uninsured work and that his association's plan is to get at least 94 percent of the American public covered by health insurance through tax credits and insurance reform. He said that he hoped to get a congressional hearing on it.

Dr. Davis also informed the attendees that there is also a struggle every year to maintain federal funding for primary care physician training and it needs to be increased.

Dr. Ronald Davis, President-Elect AMA and Dr. Jeffrey Mulhern, Associate Program Director, Baystate Medical Center



Dr. Andrew Levin, IM, Holyoke and Dr. Ronald Davis, AMA President-Elect

Springfield College School of Health Sciences and Rehabilitation Studies

Prior to speaking to over 200 students in the School of Health Sciences and Rehabilitation Studies at Springfield College, Dr. Ronald Davis, President-Elect of the AMA met with Springfield College President Dr. Richard Flynn, Mr. David Fraboni, VP for Institutional Advancement and Dr. William Susman, Dean, School of Health Sciences and Rehabilitation Studies.

In 2005, five existing academic departments at the college were brought together to form the School of Health Sciences and Rehabilitation Studies. The school consists of students from graduate programs in Rehabilitation Counseling and services, Occupational Therapy and Physical Therapy in addition to the Physician Assistant program, as well as students from undergraduate programs in Rehabilitation and Disability Studies, Communication Disorders, and Emergency Medical Services Management.

In his presentation, The Crisis in Primary Health Care and the Role of Preventive Health, Dr. Davis spoke about the primary-care physician crisis to students and offered suggestions on how other medical professionals could assist physicians in the future. Dr. Davis's campaign during his tenure as president-elect is the country's obesity

epidemic. He told the students that offering advice on treatment plans and other things like exercise, etc. will complement work primary-care physicians are doing.

Claire Burns, Media Relations Director, Dr. William Susman, Dean, School of Health Sciences and Rehabilitation Studies, Springfield College. Dr. Jeffrey Kaufman, President HDMS and Dr. Ronald Davis, President-Elect AMA

Kiwanis Luncheon

President of the Kiwanis Club, Tom Creed, introducing Dr. Ronald Davis, AMA President-Elect

At the Kiwanis Luncheon held at the Hilton Garden Hotel, Dr. Davis showcased two very funny television commercials sponsored by the American Academy of Orthopedic Surgeons depleting overweight, sedentary people using remote controls and riding mowers to the detriment of their health. He had the 50-plus crowd laughing but reflecting on the consequences Americans face because of their inactive lifestyles.

Dr. Kevin Hinchey, Dr. Jeffrey Kaufman and Dr. David Rose

LEGISLATIVE BREAKFAST FOCUS ON PRACTICE ENVIRONMENT

On March 30, 2007, the Hampden District Medical Society held its annual Legislative Breakfast and took the opportunity to educate the participating legislators about both the deteriorating physician practice environment in Western Massachusetts as well as three bills filed by the Massachusetts Medical Society to help remediate the situation. The well-attended meeting, chaired by HDMS Legislative Committee Chair James Wang, M.D., included over two dozen area physicians, six legislators and staff to three other lawmakers. MMS Director of State Legislation Stephen Shestakofsky provided specific details regarding the MMS-filed measures.

The first of the bills addressed was House Bill 1014/Senate Bill 653, "An Act Relative to Insurance and Quality Measures," which would prohibit health insurers or the GIC from using a physician performance evaluation system unless it included significant safeguards to assure the accuracy and relevance of the data. Senator Stephen Buoniconti (D-West Springfield) is the lead Senate sponsor of the bill. The next was House Bill 1370/Senate Bill 987, "An Act Relative to Health Care Providers' Statements of Regret," which would prohibit the use of a physician's statement of sympathy, apology or regret about an unanticipated negative outcome as evidence of negligence in a subsequent lawsuit. Growing evidence shows that open communications between patients and physicians reduces lawsuits, results in earlier and fairer settlements, and maintains the physician-patient relationship! Finally, House Bill 2075/Senate Bill 1213, "An Act Establishing a Special Commission to Study Physician Recruitment and Workforce Development in Massachusetts," filed by Representative Sean Curran (D-Springfield) and Senator Buoniconti, would establish a broad-based special commission to study and recommend consensus solutions to improve the recruitment and retention of physicians.

Attendees included Representatives Cheryl Coakley-Rivera (D-Springfield), Sean Curran (D-Springfield), Donald Humason (R-Westfield), Mary Rogeness (R-Longmeadow), Benjamin Swan (D-Springfield) and James Welch (D-West. Springfield), as well as legislative staff from the offices of Senators Buoniconti, Gale Candaras (D-Wilbraham) and Michael Knapik (R-Westfield).

Interestingly, Representative Swan also included a discussion of the Breakfast and the legislation discussed on his radio show on WTTC-FM immediately after the event!

Dr. James Wang, Chair Legislation Committee and Steve Shestakofsky, Director, MMS State Legislation

In observance of Doctor Appreciation Day, each doctor attending the Legislative Breakfast received a red carnation.

Representative Mary Rogeness

Representative Sean Curran

Helen Florio, Aide to Senator Michael Knapik

Dr. Shwee-Tian and Linda Chou

Drs. Cheryl Tierney and Simon Lee

Dr. Jerri Nielson Fitzgerald and Dr. Frank Horrigan, Medical Director, Noble Hospital

By: Suzanne Skibinski

Dr. Jerri Nielson Fitzgerald and Dr. Frank Horrigan, Medical Director, Noble Hospital

On Saturday, March 31, 2007 at Noble Hospital's Open House I had the pleasure of meeting a remarkable and courageous woman, Dr. Jerri Nielson. Dr. Nielson is the author of Ice Bound: A Doctor's Incredible Battle for Survival at the South Pole. The book was #1on the New York Times Best Seller list.

The dramatic and inspiring true story is of Dr. Nielson, whose ordeal began while stranded at a South Pole research station and diagnosed and treated her own breast cancer. Rescued by the Air National Guard under perilous weather conditions, her extraordinary return to safety made headlines around the globe.

Dr. Nielson is living and working in Hampden County.

MARCH 30TH DOCTOR APPRECIATION DAY

In observance of Doctor Appreciation Day, Suzanne Skibinski, Executive Director, distributed red carnations to several area doctor offices.

Megan Hatin, Medical Assistant at Pediatric Associates of Hampden County pins a red carnation on Drs. Elinor Kelliher and Tracey Browning

ANNUAL MEETING

The Annual Meeting was held on April 11, 2007 at The Munich Haus in Chicopee, along with a CME presentation and the President's review of the Society's year. During the Social Hour and dinner, Lynn Davis, Certified Music Practitioner and sister of Dr. Ronald Davis, President-Elect of the American Medical Association entertained guests playing beautiful harp music.

Lynn is a graduate of the, Music for Healing and Transition Program and designed and implemented a Therapeutic Music Pilot Training Program for Massachusetts General Hospital in Boston.

Lynn Davis, Certified Music Practitioner

Following the social hour, President Jeffrey Kaufman started the proceedings with a moment of silence for deceased members Drs. Martin Murray, John Prybylo and Edmond Wallance who died since the last meeting.

The membership voted approval of next year's Nomination Slate including a second term for President Dr. Jeffrey Kaufman, President-Elect Dr. Stephen Metz, Vice President Dr. Claudia Martorell, Secretary Dr. James Wang and Treasurer Dr. Mark Mullan.

This year, the Society honored one 50-Year Member, Dr. John F. Griffin a retired Springfield Cardiologist who sent his regrets (read letter on page) Dr. Griffin was sent an engraved mantle clock for his many years of dedication to the medical society.

Congressman Richard Neal known as "Richie" to his constituents

Just returning from a successful trip to Ireland where he has been working for a peaceful solution to the "Troubles," for 20 years, Congressman Richard Neal was the Keynote Speaker for the CME program, "Now that the Democrats have the Majority Vote," What are they going to do about Health Care?

Congressman Neal gave the attendees an update on the health agenda for 2007. He told the audience of over 100 that the Democrats weren't at all enamored of President Bush's budget on SCHIP (State Children's Health Insurance Program) which actually would cut spending on the program and result in kids and parents being kicked out of coverage and finds it unconscionable that we have 8.3 million uninsured kids in this country and that only 40% of eligible children are participating in SCHIP today.

Congressman Neal also reported that the other looming issue is physician payment reform. He said that everyone knows, fixing the SGR will not be easy-and will not be cheap and unfortunately there hasn't been a clear and affordable solution. The cooperation of doctors, members from both sides and both bodies of Congress and the Administration is needed.

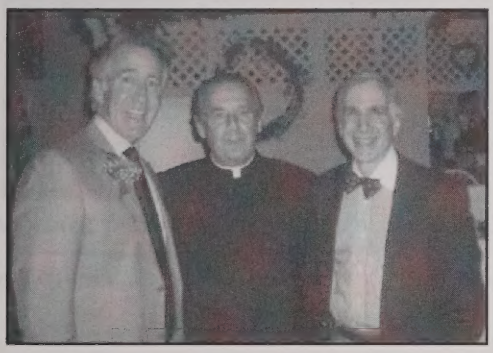
He informed the attendees that Congress failed in the last Congress to create an interoperable health IT system and what is needed is to require providers to use it and provide help financially to adopt it. He also informed the audience that Congressman Stark believes we should build on what works in our health care system today and also plans to reintroduce his AmeriCare bill which provides a federal insurance option using Medicare's infrastructure for people who don't receive coverage through their employer and that it's a good time to reintroduce MediKids, Congressman's Stark's bill to provide coverage for all our nations children. At birth a child would be enrolled in MediKids and then whoever claims that child as a dependent would pay for that coverage on their taxes or would show proof of coverage.

Dr. Kaufman presented Congressman Neal with a HDMS, fleece jacket and hat.

Drs. Mohan Rao, Congressman Neal, Drs. Gerry Schreibstein and Jeffrey Kaufman, President

The traditional engraved Captain's Presidential Chair was presented to Dr. Jeffrey Kaufman from Dr. Claudia Martorell, Vice President as a thank you from members for serving the 2006-2007 Term. Dr. Kafuman accepted the Nomination to serve another Term as President.

Attorney Mindy Phelps, Medico-Legal Committee member & Alex Calcagno, Director of MMS Federal Relations attended the Annual Meeting.



Congressman Neal, Monsignor George Farland and Dr.Stanley Glazer

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Dr. Sara Mullan, Eileen and Dr. Mark Mullan

Hampden District Medical Society is proud to announce that Sara H. Mullan, M.D. a resident of Springfield has been selected as the recipient of the 2007 Community Clinician of the Year.

The Community Clinician of the Year Award was established in 1998 by the Massachusetts Medical Society to recognize a physician from each of the Society's 20 district medical societies who has made significant contributions to his or her patients in their community.

When Monsignor George Farland of Sacred Heart Parish in Springfield, "Presented Dr. Mullan with the Award, Monsignor Farland said, "I have known Sara for the last 21 years as both a friend and parishioner. She has been involved with parish activities, and always gives of her time generously. She is very well respected in the Community for her clinical ability, compassion and understanding.

Dr. Mullan practices Pediatric Medicine at RiverBend Medical Group in Chicopee. A member of the Medical Society since 1983 she has served as a Delegate to the Massachusetts Medical Society .

Dr. Mullan graduated from Tufts University School of Medicine and completed her Residency and Internship at Baystate Medical Society.

Dr. Mullan resides in Springfield with her husband Dr. Mark Mullan and is the mother of three.

Hampden District congratulates Dr. Mullan for her outstanding compassion, dedication and commitment to patients, community and the medical profession.

Dr. Mullan Award accepted her Award at the Annual Meeting on April 11, 2007 held at The Munich Haus in Chicopee and was recognized at the MMS Annual Meeting on May 17, 2007 in Boston.

Dr. Mullan also received a State recognition from Senator Gale Candaras.

The Society is looking for nominations for the 2007 Oliver Wendell Holmes, M.D, Stereoscope Award. Please send your nomination to:

hdms@massmed.org
or
Suzanne T. Skibinski
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

2007 HIGH SCHOOL DOCTOR FOR A DAY PROGRAM

Dr. Alicia Ross, Chair and participating students and mentoring doctors

Dr. Kevin Hinchey, Chair Resident IM/MedPeds, Resident and Students

Daniel Baush, Student Holyoke High School and Dr. Alicia Ross, Chair

Chelby Wakefield, Student Wilbraham Monson and Dr. Brigid Glackin

Ashley Osowski, Student Westfield High School

Tafaoul Abdelmagid, Student West Springfield High School

Dr. Ruby Chang and Jeryka Sanchez, Student Holyoke High School

Helen Schnaper, Student Longmeadow High School and Dr. Mrinal Mali

Dr. Mark Sherman & Student Michael Halista

Festival of Trees

To Benefit the Springfield Boys & Girls Club

JOIN THE FUN AND HELP DECORATE OUR TREE

Hampden District Medical Society is participating in the 2007th 7th Annual Festival of Trees to benefit the Springfield Boys & Girls club and is looking for children of members to help decorate.

The Event is held at Tower Square in Springfield from November 23, 2007 through December 9, 2007.

Last year 118 trees were donated by businesses, civic and social organizations, schools and hospitals who gained maximum exposure while serving a very worthwhile cause. The trees were beautifully decorated, displayed and visited by over 4000. Visitors were asked to vote for their favorite tree.

If your child/children are interested in helping us decorate our tree, please complete the Form and fax: (413) 731-8990, email: hdms@massmed.org or, mail to:

Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

YES, I'M INTERESTED IN DECORATING

NAME: _____

ADDRESS: _____

_____

HOME PHONE: _____

BUSINESS PHONE: _____

You will be contacted with further notice.

SAVE THE DATE!!!!

Thursday, October 18, 2007
23rd Annual Medical Ethics Seminar for Health Care Workers

Ethical Practice When There's Not Enough: Healthcare In Crisis

Place: MERCY MEDICAL CENTER

CME Program Jointly Sponsored by
HAMPDEN DISTRICT MEDICAL SOCIETY and MERCY MEDICAL CENTER

The fall edition of "The Hampden Hippocrat" will be published in September/October 2007. Articles, announcements, interesting stories and information to share with HDMS members may be submitted for publication consideration to Suzanne Skibinski,
The Hampden Hippocrat Editor, HDMS, 1111 Elm Street, Suite 22
West Springfield, MA 01089-1540 Email: hdms@massmed.org

The Hampden Hippocrat Newsletter
Hampden District Medical Society
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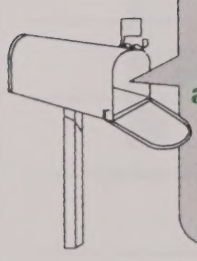

Please contact us with address changes at: 413-736-0661.

"Gone are the days when caring for our patients was done only in an office or hospital. Today caring means working as a unified group to preserve patients' rights. It means supporting your local and state medical societies. Become involved. Only by working together can we achieve a new day in health care for all patients."